



**CITY OF ST CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984**

Department: Building Zoning

Phone: (630) 377-4406 Fax: (630) 443-4638

Detached Garage – Building Permit Guide

1. A building permit is required prior to any construction of a detached garage.
2. An application is be filled out and submitted to the Building Department.
3. Two (2) sets of drawings showing the construction of the garage are to be submitted with the application.
4. Two (2) copies of the plat of survey showing the location of the detached garage and the measurements to all of the lot lines and from the main principal building are to be submitted with the application.
On the plat of survey, the location of the electric meter on the house is to be indicated. Also, we need drawn on the plat of survey how the electric comes into the building.
5. Detached garage setbacks are as follows:
 - Minimum of five (5) feet from the side lot line, if your easements are greater, which are shown on your plat of survey, you must maintain the easements.
 - Minimum of five (5) feet from the rear lot line, if you easements are greater, which are shown on your plat of survey, you must maintain the easements.
 - The detached garage may not be any closer than ten (10) feet from the wall of the principal building.
 - A corner lot abutting a street a 25-foot setback must be maintained.
6. No accessory building/structure shall not have more than one story nor exceed seventeen (17) feet in height.
7. Fees for the building permit for detached garage is **\$75.00** and is to be paid at time of submission of the application and plans.
8. It is the responsibility of the homeowner/contractor to arrange to have all underground utilities located. Attached for your information is a form giving you the companies and their telephone numbers for underground locations.
9. It is the responsibility of the homeowner/contractor to schedule with the Building Department the required inspections. When calling to schedule an inspection, please have the address and permit number.

Web Site <http://www.stcharlesil.gov>

J.U.L.I.E.
Joint Utility Location Information for Excavators
1-800-892-0123

Dig Number: _____ Date Notified: _____

Please Note: J.U.L.I.E. requires 48 hour notice before digging

One phone call to J.U.L.I.E. will notify all of the following public utilities. These service utilities need to be located and marked by utility representatives prior to starting any excavation, grading, or other work that is below the ground surface. You will receive a Dig Number, which you should record above along with the date of notification.

Utility	Color Code Marker
Electric Utilities	Red
A T & T Comcast	Orange
Northern Illinois Gas (NICOR)	Yellow
Sewer Utilities	Green
Telephone Utilities	Orange
Water Utilities	Blue

BUILDING & ZONING DIVISION
(630) 377-4406 OR (630) 377-4410

Robert J. Vann
Building Commissioner
Inspector

Jerry Essem, Tom Medernach,,
Building Inspector

Steve Herra
Plumbing

DATE:

TO:

FROM: St. Charles Building Zoning Department

NOTICE: The St. Charles Building Zoning Department has reviewed the plans, which were submitted:

BY:

FOR: Detached garage

LOCATION:

INSPECTIONS

- (X) Footing
- (X) Floor
- (X) Underground electric
- (X) Frame
- (X) Electric
- (X) Final

REQUIRED CODES

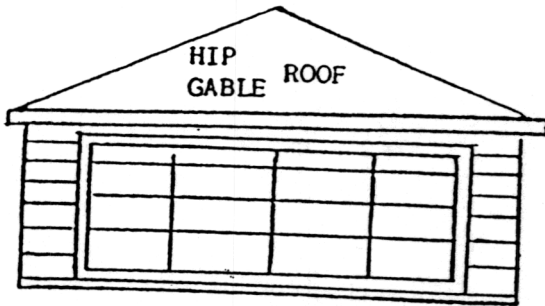
- (X) St. Charles Municipal Code
- (X) 2000 International Residential Code/revisions
- (X) 1996 Natl Electrical Code

- **Re-inspection fees:** If any of the above-indicated inspections (with the exception of a final) require a re-inspection be conducted, a fee of \$40.00 for each re-inspection will be invoiced to the builder and/or owner. If the inspection is a final and requires a re-inspection, a fee of \$75.00 for each final re-inspection is to be paid at the Building and Zoning Office prior to the Final Occupancy being issued.

In review of your plans submitted to this office, the following items must be complied with per the above listed codes. **(NOTE: NO FACILITY SHALL BE OCCUPIED OR USED UNTIL A FINAL INSPECTION HAS BEEN MADE AND A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED).**

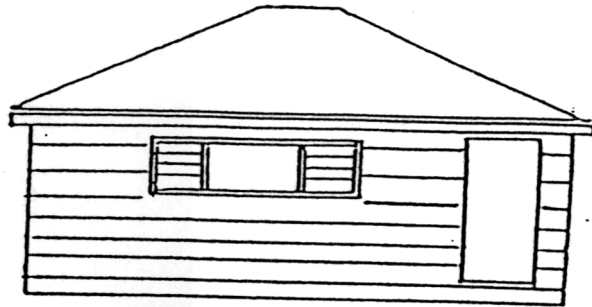
1. Compliance with the above-indicated codes, ordinances, and inspections is required.
2. The plan review and stamped Field Copy of the plans are to be on the job site.
3. 24-hour notices is required for scheduling of any inspections.
4. If electric is provided for the garage, it is to be on G.F.I. circuits.
5. Attached is a copy showing two (2) different diagrams for the slab.
6. Attached is a copy of a specification sheet for your use.
7. It is the responsibility of the owner/contractor to provide all sub-contractors with copies of all review comments and the required inspections.

2-2x12 HEADERS

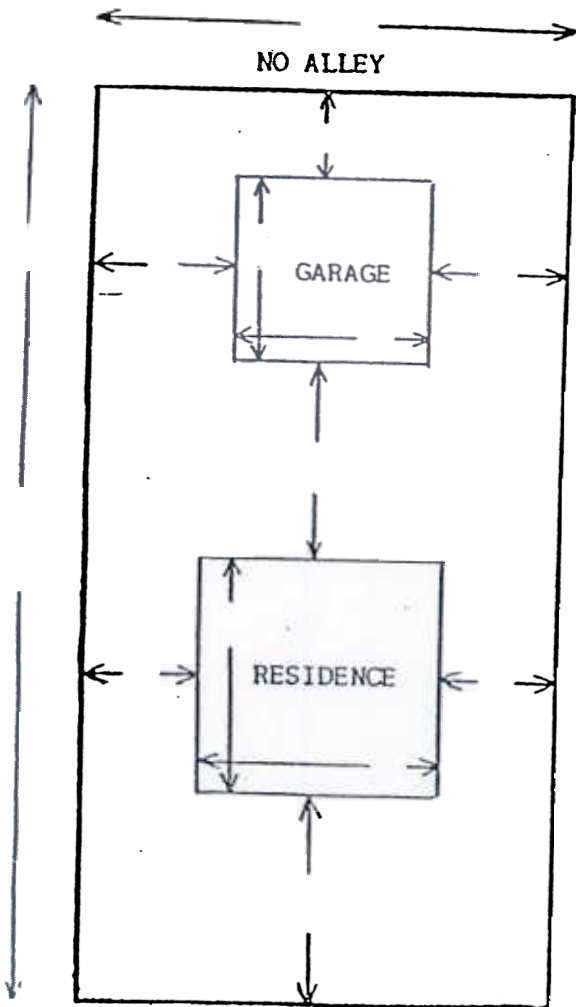


FRONT ELEVATION

2x8 HIP & RIDGE



SIDE ELEVATION



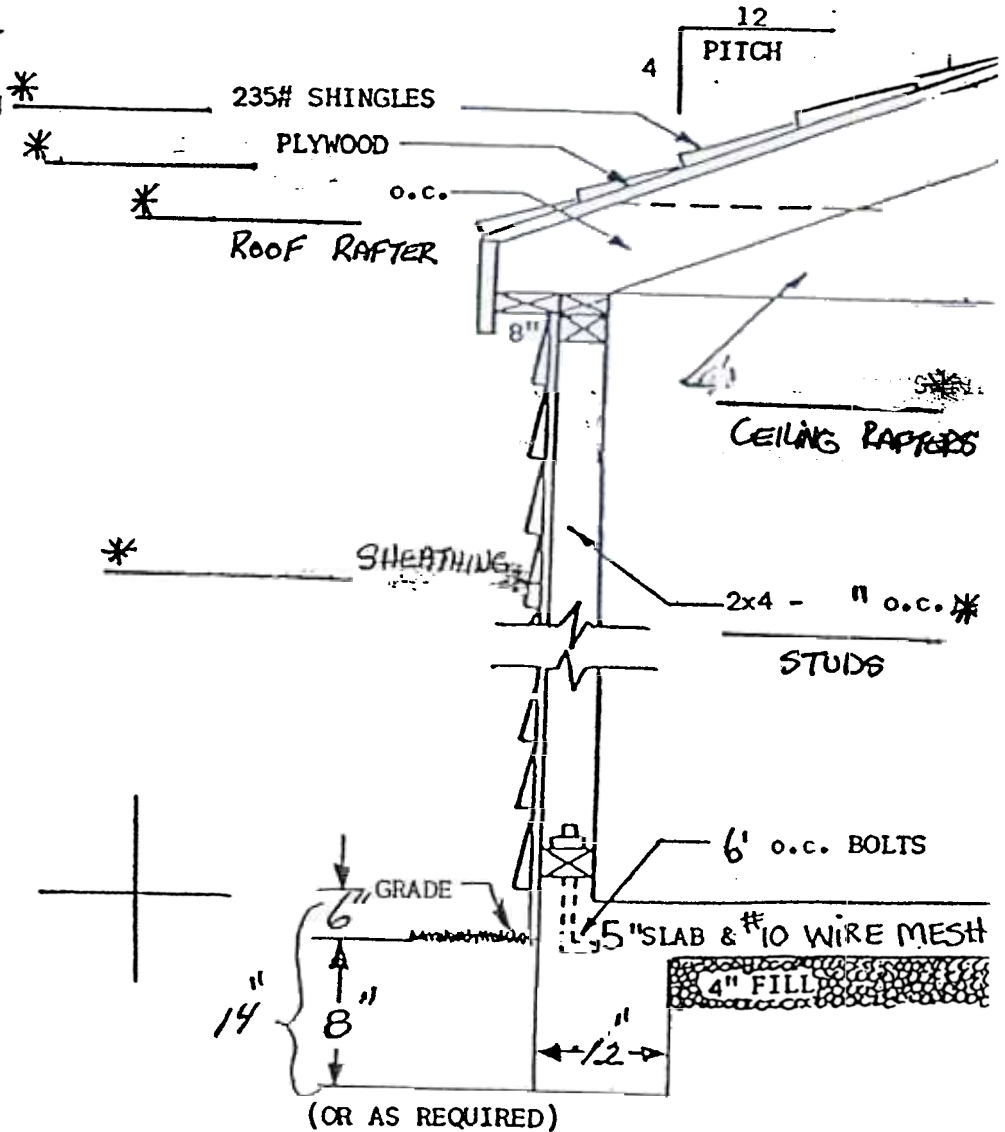
STREET NAME

OWNER

ADDRESS

TOWN ST. CHARLES

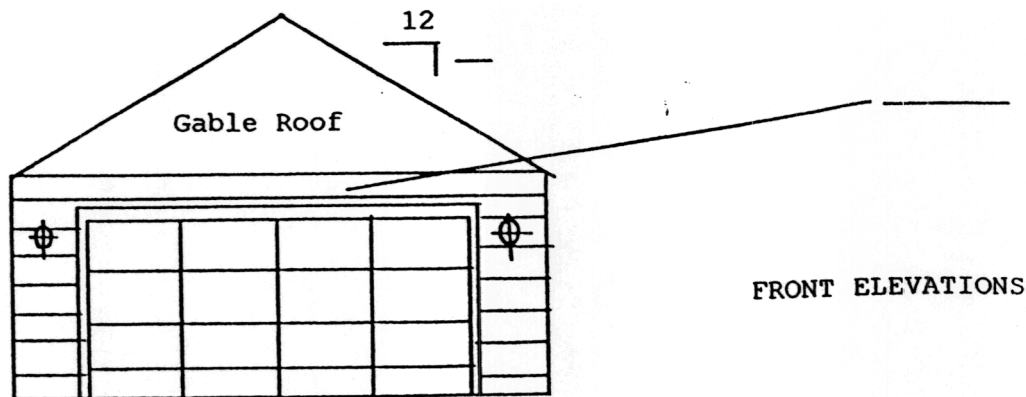
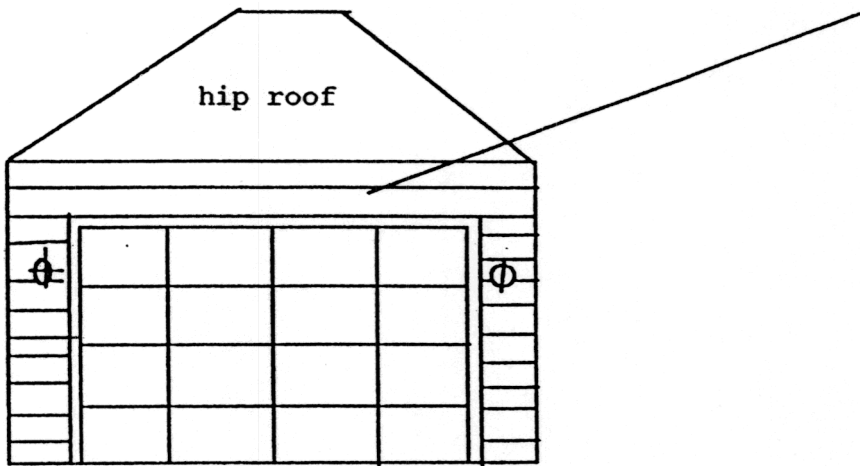
PHONE



DLC-PP-5M/2-76

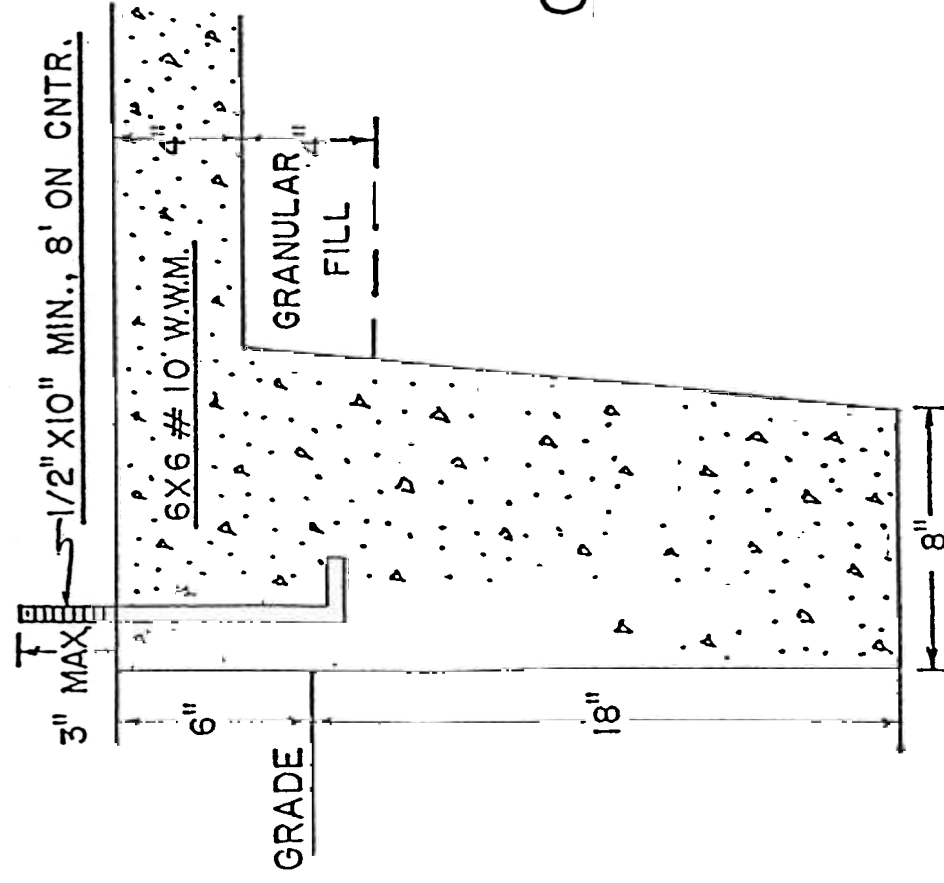


Side Elevation Detatched Garage

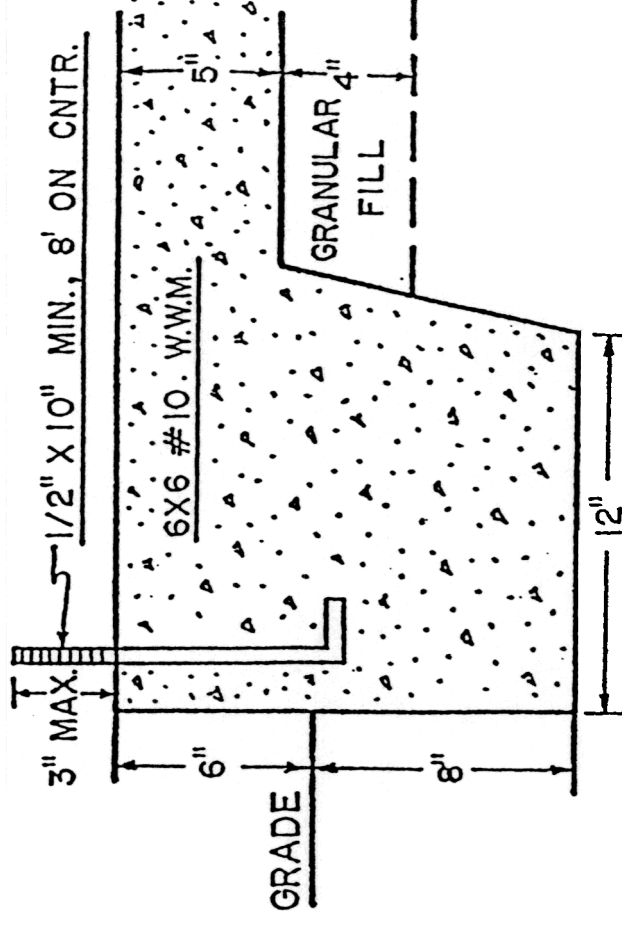


FRONT ELEVATIONS

SECTION 305 K-5



OR



BUILDING DEPARTMENT
CITY OF ST. CHARLES
ST. CHARLES, ILLINOIS
DR. BY: G.K. ANDERSON



CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984

DEPARTMENT: BUILDING & ZONING

PHONE: (630) 377-4406

FAX (630) 443-4638

APPLICATION FOR CONSTRUCTION FOR BUILDING PERMITS

APPLICATION DATE: _____ PERMIT ISSUED _____ NO.: _____

PLEASE PRINT ALL INFORMATION

I, _____, do hereby apply for a permit for the following described
work located at _____ Lot _____ Unit _____

NOTE: Is property located in the Historic Preservation District? Yes No
Please circle either yes or no

Subdivision _____, Type of construction _____

Description of proposed work: _____

Square feet in building _____ Estimated cost of construction _____

Use of building _____ No. & Size of electric meter _____ No. & Size of water meters _____

Remarks _____

Plans _____ Specifications _____ Plat of Survey _____

=====

Owner of Property

Name: _____

Address: _____

City: _____

State/Zip Code: _____

Phone: _____

Electric Contractor

Name: _____

Address: _____

City: _____

State/Zip Code: _____

Phone: _____

General Contractor

Name: _____

Address: _____

City: _____

State/Zip Code: _____

Phone: _____

Concrete Contractor

Name: _____

Address: _____

City: _____

State/Zip Code: _____

Phone: _____

Continued on reverse side

PLEASE PRINT ALL INFORMATION

Plumbing Contractors

Name: _____
Address: _____
City: _____
State/Zip Code: _____
Phone: _____
IL & Registration No.: _____

Roofing Contractors

Name: _____
Address: _____
City: _____
State/Zip Code: _____
Phone: _____
Illinois License No: _____
License Expiration Date: _____

Sewer & Water Contractor

Name: _____
Address: _____
City: _____
State/Zip Code: _____
Phone: _____

HVAC Contractor

Name: _____
Address: _____
City: _____
State/Zip Code: _____
Phone: _____

I, the undersigned, certify that if a permit is issued to me, I will comply with all provisions of the building, plumbing, electric and other applicable ordinances of the City of St. Charles and shall perform all work, or cause all work to be performed according to the provisions of said ordinances. I, or my agent, shall personally supervise the work and shall do, or cause to have done, said work according to plans, specifications and other written information supplied as a part of this application. I am familiar with the applicable ordinances and the provision thereof and in signing this application do willingly become responsible for all work accomplished under the permit by all contractors, tradesmen and workmen, and shall call for inspections as required at a minimum of 24-hours before they become due.

PRINT NAME: _____ SIGNATURE: _____

Name of actual business(s) that will occupy this space _____

REPORT OF THE BUILDING OFFICIAL

Remarks: _____

Accepted: _____ Rejected: _____ Date: _____
Signed: _____

For Office Use

Received _____
Fee Paid \$ _____
Receipt # _____

Copies of application distributed to:

Electric: _____ Engineering: _____ Fire: _____
Meter: _____ PW: _____ Historic Preservation: _____